

# Amar Jyoti Rehabilitation and Research Centre

## Teacher's Training Centre for Special Education

Karkardooma, Vikas Marg, Delhi- 110092

Tel No : 011-46866200 Extn – 204, Email : [amarjyotigc@gmail.com](mailto:amarjyotigc@gmail.com)

Website : [www.amarijotirehab.org](http://www.amarijotirehab.org)

### Advance Certificate in Inclusive Education (Cross Disability)

Batch : 3 , August - 2018



APPLICATION FOR ADMISSION TO (Name of the Course): \_\_\_\_\_

1. Name of the applicant : \_\_\_\_\_

2. Name of the Parent / Guardian : \_\_\_\_\_

3. Date of Birth (dd/mm/yy): \_\_\_\_\_ Age in years & months : \_\_\_\_\_

4. Gender : Male/ Female/ Others \_\_\_\_\_ CRR No. : \_\_\_\_\_

5. Nationality : \_\_\_\_\_ Aadhar No. : \_\_\_\_\_

6. Category : SC  ST  OBC  PH  Gen

7. Annual Family Income (from all sources ) : \_\_\_\_\_

8. Address for :

	Correspondence	Permanent
State		
Pin Code		
Tel No/ Mobile		
Email ID		

9. Details of Rehabilitation qualifications passed:

S.N	Name of the exam passed	Name of the Board/ University	Year of Passing	Total Marks	Marks obtained	% age obtained	Subjects
1.	D.ED.SE .....						
2.	B.Ed. SE.....						
3.	M.Ed. SE.....						

#### Declaration:

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/ admission may be treated as cancelled at any stage.

Applicant's Signature: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

**Note: Self attested copies of caste, domicile and income certificates, Rehab qualification mark sheets etc should be enclosed with the application form.**

## Part- B

1. Name of the applicant : \_\_\_\_\_

2. Name of the Father \_\_\_\_\_

3. Name of the Mother \_\_\_\_\_

Marital status : Yes / No

If yes , Name of Husband \_\_\_\_\_

3. Date of Birth (dd/mm/yy): \_\_\_\_\_ Age in years & months : \_\_\_\_\_

4. Gender : Male/ Female/ Others \_\_\_\_\_ CRR No. : \_\_\_\_\_

5. Nationality : \_\_\_\_\_ Aadhar No. : \_\_\_\_\_

6. Category : SC  ST  OBC  PH  Gen

9. Details of qualifications passed:

S.N	Name of the exam passed	Name of the Board/ University	Year of Passing	Total Marks	Marks obtained	% age obtained	Subjects
1.	10 <sup>th</sup>						
2.	12 <sup>th</sup>						
3.	Graduation						
4.	Post Graduation						
5.	Any others						

### **Declaration:**

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/ admission may be treated as cancelled at any stage.

Applicant's Signature: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

**Note: Self attested copies of 10<sup>th</sup> , 12<sup>th</sup> mark sheets, CRR (RCI registration ) certificate , copy of aadhar card, disability certificate ( if applicable) etc should be enclosed with the application form.**

**Last date of application form submission :**

**16/8/2018**